

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2025
NAME OF PROVIDER OR SUPPLIER Crossroads Care Center of Weyauwega		STREET ADDRESS, CITY, STATE, ZIP CODE 717 E Alfred St Weyauwega, WI 54983	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not ensure an active physician order was in place for an indwelling catheter for 1 resident (R) (R1) of 3 residents reviewed for catheters. R1 had an indwelling catheter for which staff provided care. R1 did not have an active physician order for the catheter or for catheter care. Findings include: Review of R1's admission Record indicated R1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including benign prostatic hyperplasia. Review of R1's care plan, dated 7/28/25, indicated R1 had a urinary catheter. Interventions included to monitor for signs and symptoms of discomfort, leaking, and obstruction. Review of R1's physician orders, dated 10/6/25, revealed no current orders for a urinary catheter or catheter care. During an observation on 10/6/25 at 11:35 AM, R1 was in bed with catheter tubing visible. During an interview on 10/7/25 at 11:16 AM, Licensed Practical Nurse (LPN)1 said LPN1 provided catheter care to R1 earlier but did not check to see if there was a current order in place. LPN1 stated when R1 was readmitted to the facility from the hospital, nursing staff should have clarified if R1 still required a catheter. LPN1 stated LPN1 had not been documenting catheter care on R1's Treatment Administration Record (TAR) since there was not a current catheter order. During an interview on 10/7/25 at 12:42 PM, the Director of Nursing (DON) said nursing staff should look at a resident's physician orders each time they provide care. The DON stated staff are expected to document after care is provided and if there is not a current order, staff should clarify and obtain one.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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